

EXHIBIT B

TWC Intake Form

EMPLOYMENT DISCRIMINATION COMPLAINT FORM**Texas Workforce Commission Civil Rights Division**

Please return this form by:

Mail: 101 East 15th Street, Guadalupe CRD, Austin, TX 78778-0001

Email: EEOIntake@twc.state.tx.us

Telephone: (888) 452-4778 or

Fax: (512) 463-2643 or (512) 463-2755

TWCCRD# _____

EEOC# _____

Please indicate if you have previously filed this complaint with any of the agencies below:

- ☐ Texas Workforce Commission Civil Rights Division (TWCCRD)
☐ Equal Employment Opportunity Commission (EEOC)
☐ City of Austin Equal Employment and Fair Housing Office
☐ Corpus Christi Human Relations Division
☐ Fort Worth Human Relations Department

DATE RECEIVED (For Office Use Only):

Please be sure you provide all the information requested. For Assistance, send an E-mail to EEOIntake@twc.state.tx.us or call us at (888) 452-4778. (Ofrecemos asistencia en Español)

Complainant Full Name:

Thomas Davis

Address Line 1: 12816 Spring Oak Dr.

Address Line 2:

City/State/Zip: Balch Springs, TX 75180

Home Phone #: 469-223-0293

Other Phone #:

Email: vincent.bhatti@bhattilawfirm.com**Complainant Representative (Optional):** (If you are represented by an attorney, please have them submit a letter of representation):

The Bhatti Law Firm, PLLC

Address Line 1: 5700 Tennyson Parkway, Suite 300

Address Line 2:

City/State/Zip: Plano, TX 75025

Phone #: 214-253-2533

Fax #: 214-279-0033

Preferred Form of Contact: (Please check)☒ E-mail ☐ Telephone

Date Hired: 09/05/11 Position held: Truck Driver

Still employed? ☐ Yes ☐ No**HR Personnel Officer/EEO Officer/or Highest Ranking Officer on work site:**

Kirk Light, Division President

Name of Employer (Please be sure to give the complete Company name and address where you physically worked)

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15 or more employees:

☒ Yes ☐ No**Company Address**

Address Line 1: 1503 LBJ Freeway

Address Line 2: Suite 400

City/State/Zip: Dallas, TX 75234

Phone #: 972-647-6700

Company Officer Address

Address Line 1: 1503 LBJ Freeway

Address Line 2: Suite 400

City/State/Zip: Dallas, TX 75234

Phone #: 972-647-6700

BASIS: I believe I have been discriminated against in violation of state law (Texas Labor Code, Chapter 21) and federal law (ADEA, GINA, Title VII, ADAAA), as follows:

☒ **Age** (You must be 40 years of age or older to qualify):

Date of Birth:

REDACTED
Month/day/year

Age at time of incident:

71

☐ **Color** (Based on skin color):☐ Black☐ Brown☐ White☐ Other:☐ **Disability:**☐ Disabled☐ History of disability☐ Regarded as disabled

(Pregnancy is NOT a disability unless you are regarded as disabled.)

Please mark only the basis you believe were the reasons you were discriminated.

☐ **GINA**
(Genetic Information Non-discrimination Act)☐ **National Origin:**☐ African-American☐ Anglo/Caucasian☐ East Indian☐ Hispanic☐ Mexican☐ Other:☐ **Race:**☐ American Indian/Alaskan Native☐ Asian/Pacific Islander☐ Black☐ White☐ Other:

EXAMPLE: If your treatment was because of your race, then check only the box by your race.

☐ **Religion:**☐ Baptist☐ Catholic☐ Jewish☐ Muslim☐ Other:☐ **Retaliation:**☐ Assisted another filing discrimination☐ Filed a complaint of discrimination☐ Participated in discrimination investigation.**ON THIS DATE:**_____
Month/day/year☐ **Sex:**☐ Female☐ Female/Pregnancy☐ Male

Employment Harms or Actions (Mark all that apply)

☒ Demotion (D1)
☒ Discharge (D2)
☒ Discipline (D3)
☒ Harassment (H1)
☐ Hiring (H2)

☐ Layoff (L1)
☐ Promotion (P3)
☐ Reasonable Accommodation (R6)
☐ Severance Pay (B5)
☐ Sexual Harassment (S4)

☒ Suspension (S5)
☒ Terms & Conditions (T2)
☐ Training (T4)
☐ Wages (W1)
☐ Other:

**The following questions are regarding the employment harms or actions taken against you.
 (Each incident must be within 180 days of the date you submit your complaint to the TWCCRD.)**

DATE(S) DISCRIMINATION TOOK PLACE (Month/Day/Year)

Earliest (Month/Day/Year)
 1 / 3 / 2020

Latest (Month/Day/Year)
 1 / 7 / 2021

☒ CONTINUING ACTION

Name and Position Title of person(s) who did the harm:

Mike Taylor, Supervisor

Jonathan Norwood, Plant Manager

(If filing under race, color, national origin, religion, sex, age, please provide the race, color, national origin, religion, sex, or age of the person(s) discriminating against you:)

Did you complain of discrimination to your employer? ☐ Yes ☒ No

If Yes, date of complaint: ____ / ____ / ____ (Month/Day/Year)

Name and Position Title of person(s) you complained to:

Explain why you believe the employment harm(s) and/or action(s) were discriminatory:

I have been working for TXI and Martin Marietta for over 25 years as a concrete truck driver. In 2020, they began trying to push me out by giving me assignments that take more time than average and then accusing me that my metrics were low, giving me that worst mixer in the yard and then accusing me of having a dirty truck. They limited the time it would take to do a proper safety inspection in the morning but they would require us to do it so early it was dark which would be difficult for anyone but especially older people like myself. During my employment they would continuously ask when I was going to retire and make comments about my age. During my tenure at Martin Marietta, I earned many safety awards and I even earned a raise in Summer 2020 and earned a good performance award. Before this attempt to get me to quit I was never written up and never got into an accident that was my fault. I was eventually terminated for "performance" but it was obvious they had taken every action possible to push my numbers down and then accuse me of poor performance.

Employer's reason for its action:

Poor Performance

Are there other employees treated more fairly than you? ☒ Yes ☐ No

If Yes, please provide the information below:

Full Name and Position Title

(If filing under race, color, national origin, religion, sex, and/or age, please provide the race, color, national origin, religion, sex, or age of the person(s) treated more fairly than you.)

All younger employees, not terminated.

What are you seeking as a resolution to your case?

All damages applicable under the law including monetary damages, attorneys fees and costs.

What is the most convenient method to contact you:

☒ Email: vincent.bhatti@bhattilawfirm.com

☐ Telephone: ()

Submitting this Complaint Form DOES NOT represent filing a formal Charge of Discrimination

Vincent Bhatti

11/1/21